

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

DEC 18 1935

35894

1. PLACE OF DEATH

44 Country Holt
 3 Township
 City Forest city (No.)

Registration District No. 370
 Primary Registration District No. 4216

File No.
 Registered No.
 St. Ward)

2. FULL NAME

John Franklin Acton

(a) Residence, No. St. Ward.

Length of residence in city or town where death occurred 4 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Nettie Acton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 12-1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>68</u>	<u>2</u>	<u>8</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. same

10. Data deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Co. Mo.

13. NAME Henry L. Acton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Wray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Everett Plouffe

18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon Mo DATE Nov 21 1935

19. UNDERTAKER (ADDRESS) H. C. Pritchard Oregon Mo

20. FILED Nov 21 1935 F. E. Bullock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1935

22. I HEREBY CERTIFY That I attended deceased from Nov 15 1935 to Nov 20 1935

I last saw him alive on Nov 20 1935 Death is said to have occurred on the date stated above, at 11:09 a.m.

The principal cause of death and related causes of importance were as follows:

acute suppurative Rheumatoid Date of onset Nov 15 1935

(Handwritten signature)

Other contributory causes of importance: Chronic Vagocarditis 1928
acute Malignant Endocarditis Nov 17 1935

Name of operation Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) W. A. Kaudler M. D.
 (Address) Oregon, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

